

U.S. Department of Health and Human Services  
Public Health Service  
National Institutes of Health  
National Heart, Lung, and Blood Institute  
National High Blood Pressure Education Program

# High Blood Pressure Control: Share the Success

National High Blood Pressure Month • May 1984

Q.  
616.132  
H537



U.S. Department of Health and Human Services  
Public Health Service  
National Institutes of Health  
National Heart, Lung, and Blood Institute  
National High Blood Pressure Education Program

# Feature Sheets

National High Blood Pressure Month  
May 1984



NIH Publication No. 84-1459  
Reprinted January 1984

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Public Health Service  
National Institutes of Health  
National Heart, Lung, and Blood Institute

## Sponsors

National High Blood Pressure Month is sponsored by the National High Blood Pressure Education Program Coordinating Committee, which includes the following member organizations:

UNIVERSITY OF  
ILLINOIS LIBRARY  
AT URBANA-CHAMPAIGN  
BOOKSTACKS

BLOOD PRESSURE

ACTS

YOU and YOUR FAMILY

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
National Institutes of Health

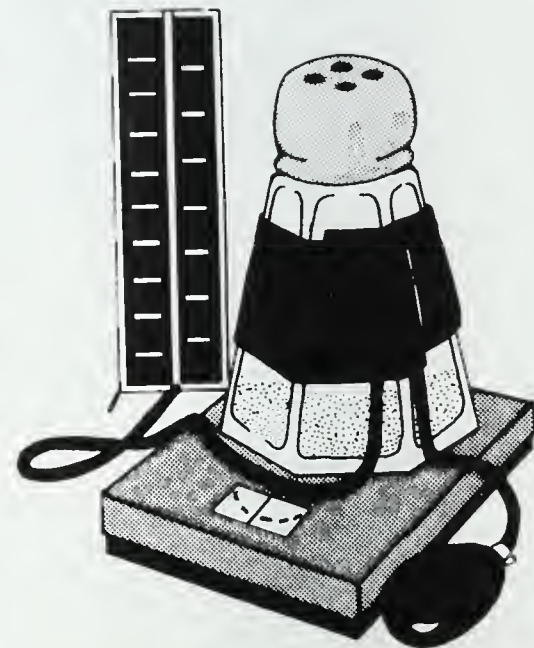
American Academy of Family Physicians  
American Academy of Ophthalmology  
American Academy of Physician Assistants  
American Association of Occupational Health  
Nurses  
American College of Cardiology  
American College of Chest Physicians  
American College of Physicians  
American College of Preventive Medicine  
American Dental Association  
American Dietetic Association  
American Heart Association  
American Hospital Association  
American Medical Association  
American Nurses' Association  
American Occupational Medical Association  
American Optometric Association

American Osteopathic Association  
American Pharmaceutical Association  
American Podiatry Association  
American Public Health Association  
American Red Cross  
American Society of Hospital Pharmacists  
Association of Life Insurance Medical Directors of  
America  
Citizens for the Treatment of High Blood Pressure  
Committee on Hypertension in Minority  
Populations  
National Black Nurses' Association  
National Heart, Lung, and Blood Institute  
National Kidney Foundation  
National Medical Association  
National Optometric Association  
Society for Nutrition Education

LIBRARY U. OF I. URBANA-CHAMPAIGN



# QUESTIONS ABOUT WEIGHT, SALT, AND HIGH BLOOD PRESSURE



U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Public Health Service  
National Institutes of Health

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Public Health Service  
National Institutes of Health  
National Heart, Lung, and Blood Institute  
NIH Publication No. 84-1459  
Reprinted January 1984

## **Q** Are There Specific Diets For People With High Blood Pressure?

**A** No, but doctors, nurses, and dietitians often provide low calorie and low sodium diets tailored to each person's medical condition, food preferences, and way of living. These professional people can also give tips on how to shop for low calorie and low sodium foods and how to fix tasty meals with little or no salt.

Changing eating habits isn't easy and takes time. Friends and relatives of persons with high blood pressure should do all they can to help them stick with their prescribed treatment, whether that means taking medicines, losing weight, eating less sodium, or all three. This help is important

because to keep blood pressure down, these changes must be permanent.

## **Q** Where Can I Get More Information?

**A** You can write to food manufacturers for sodium and calorie information. Ask your physician, nurse, or nutritionist for help in selecting foods and dietary programs. Visit the health section of your local bookstore or public library for low calorie and low sodium cookbooks, and for calorie and sodium counting charts.

Many organizations, schools, hospitals, and associations in your local community will gladly provide you with more information on weight reduction and on eating less sodium, including:

- The local affiliate of the American Heart Association;
- The local or state office of the American Dietetic Association;
- The local health department;
- The medical, nutrition, and some psychology departments of a nearby university;
- Some major grocery store chains.

Other organizations such as certain weight-reducing programs or clubs, the YMCA, YWCA, health clubs, and gymnasiums help many individuals in weight reducing programs by making available not only materials, but also incentives to stay with the diet. Before beginning any of their prescribed programs to reduce weight, be sure to check with your physician.

## **Q** What Is High Blood Pressure?

**A** High blood pressure is a condition in which a person's blood pressure goes up too high and stays there. Blood pressure normally goes up and down, depending on the person's different activities. The problem occurs when the blood pressure stays too high all the time.

About one in four Americans has high blood pressure. And more than half of

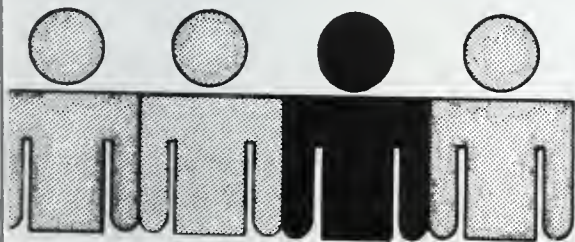
these have high blood pressure that is very serious. This disease is dangerous, because so often, it leads silently but directly to conditions that often kill or cripple: heart attack, stroke, and kidney disease.


High blood pressure is especially dangerous because it has no clear signs. A person can have it and not even know it. It doesn't hurt, and it usually doesn't make a person feel sick or dizzy or nervous. As a result, many people with high blood pressure can live for years without knowing they have it.

That's why it's so important for people to get their blood pressure checked regularly and, if it is high, to follow the treatment their doctors prescribe. Along with drugs, weight loss for the overweight, exercise, and salt restriction are among the most important ways to treat high blood pressure.

Because there is no cure for most high blood pressure, there's no such thing as a quick treatment that solves the problem once and for all. For each person, it usually takes a few weeks or months for the doctor to work out the best way to control blood pressure. Some ways are weight loss for the overweight, regular exercise, medicines, sodium restriction (sodium is a part of salt and is found in many foods), or a combination of those.

Treatment may change as the years go by, but treatment of one kind or another to control high blood pressure usually lasts for a lifetime, and blood pressure must be checked regularly.





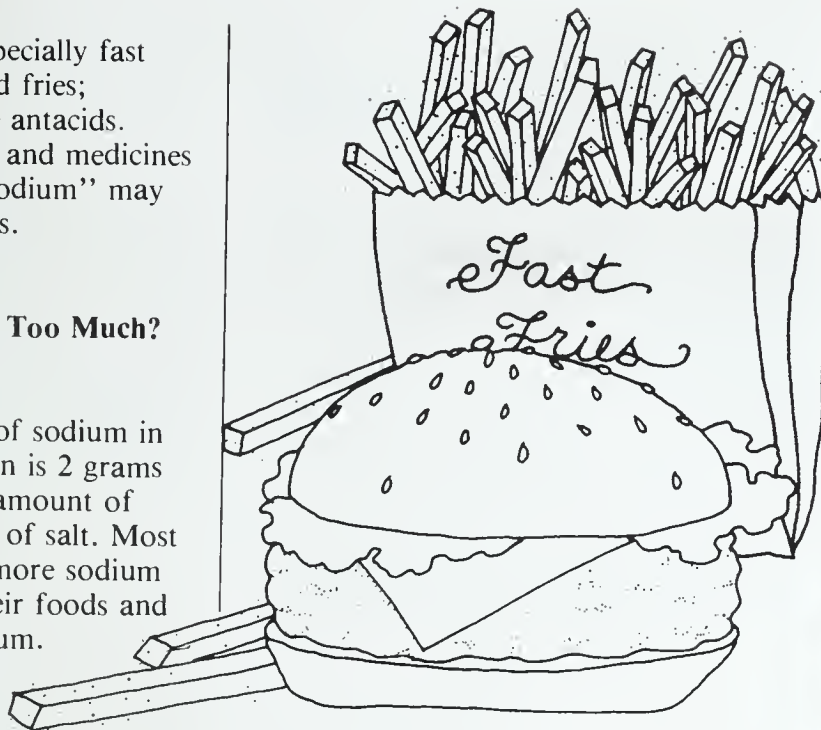
Digitized by the Internet Archive  
in 2018 with funding from  
University of Illinois Urbana-Champaign Alternates

<https://archive.org/details/highbloodpressur00nati>

- In restaurant foods, especially fast foods, like a burger and fries;
  - In some medicines, like antacids.
- Reading the labels on foods and medicines for the terms “salt” and “sodium” may help you make better choices.

## Q How Much Sodium Is Too Much?

**A** A reasonable amount of sodium in the diet of the average person is 2 grams daily, which is equal to the amount of sodium found in 1 teaspoon of salt. Most Americans eat 2 to 4 times more sodium than they need by salting their foods and by eating foods high in sodium.



## Q How Can I Cut Down On Salt?

**A** Here are some ways to start cutting down:

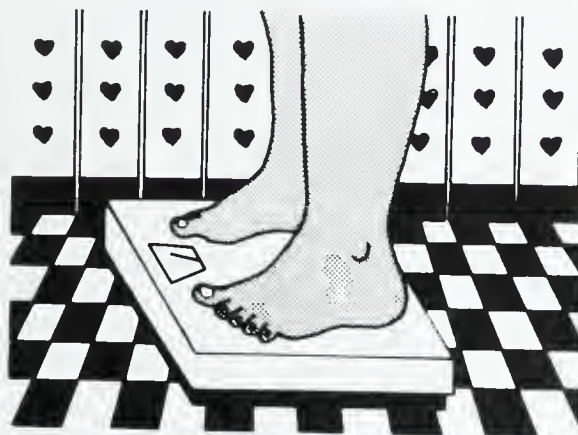
- Add less salt when cooking.
- Use less salt at the table.
- Choose alternatives to heavily salted foods like chips, pretzels, salted nuts.
- Try more spices and herbs instead of salt, garlic, onion, or other seasoned salt, catsup, or soy sauce.
- Choose alternatives to processed foods with high sodium content.

These changes alone can significantly reduce sodium intake for most people. Persons with high blood pressure may have to cut down even further. They should follow the treatment program their doctor has given them.

## Q Will Maintaining Normal Weight Prevent High Blood Pressure?

**A** No one knows for sure, but maintaining the right weight may reduce the risk of getting high blood pressure.

Keeping to the weight recommended for your height and build will make you feel better all around, because it will keep you healthier in general. Keeping weight down is especially important for members of families that have a history of high blood pressure, heart disease, or stroke.



## Q Will Overweight Children Get High Blood Pressure?

**A** No one can predict that. But just as for adults, staying at the right weight will

make children healthier in general and may help to prevent high blood pressure when they get older. Eating habits, like so many other habits, are often formed during childhood, so it's important to develop good ones.

## Q Can People With High Blood Pressure Help Control It By Losing Weight?

**A** As a first step in treating high blood pressure, doctors often ask overweight patients to lose weight. Weight loss alone sometimes lowers blood pressure to normal levels.







**Q** Can Losing Weight Cure High Blood Pressure?

**A** No. High blood pressure cannot be cured, but it can be controlled. Once a person has lost enough weight to bring the blood pressure down, the battle is not over. Keeping blood pressure down means controlling weight and taking any medicine, if the doctor has prescribed it, and keeping track of your blood pressure to make sure it stays controlled.

**Q** Do People Who Lose Weight Also Need Medicine To Treat High Blood Pressure?

**A** Sometimes they do. But for some persons, losing weight lowers blood pressure to normal, and the doctor may decide that medicine isn't needed so long as the extra weight is not gained back. If the person can't lose weight, or if losing weight is not enough to bring blood pressure down to normal, the doctor usually prescribes medicine. Frequently, the lower a person's weight, the smaller the dosage of drugs needed. Smaller doses mean fewer chances of side effects from the drugs.



**Q** What Is The Best Way To Lose Weight?

**A** Losing weight should be a gradual process that avoids fad diets and other gimmicks. Eat fewer calories and exercise more, because losing weight means burning up more calories than you eat. Lose weight and keep it off by finding low calorie foods and doing exercise that you like. Work out the best combination of diet and exercise for you. If you think you may be overweight, find out for sure from your doctor or a nutritionist. Ask them to help you control your weight.

**Q** How Does Salt Affect High Blood Pressure?

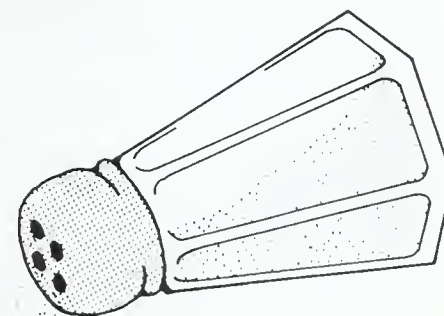
**A** Actually, it's sodium, a chemical in the salt, that may affect blood pressure. Scientists do not know for sure how sodium affects high blood pressure, but we do know that in many people it contributes to this disease.

**Q** Will Cutting Down On Salt Prevent High Blood Pressure?

**A** There's a good chance it may help keep your blood pressure down. Most of us eat far too much salt to provide our bodies

with the small amount of sodium they need. We also get sodium in other ways besides eating salt, for example:

- In snack foods, such as chips, crackers, salted nuts;
- In processed foods, like canned soups and vegetables, pickles, hot dogs, sausage, bacon, frozen foods, cheese, ham;





## **Q Does What We Eat Affect High Blood Pressure?**

**A** Yes. How much we weigh and the amount of sodium we eat may have a lot to do with high blood pressure. Lower weight means lower blood pressure for most people. For some people eating less salt and less high sodium foods means lower blood pressure.

In recent years scientists have become more and more interested in the relationship between what we eat—our diet—and high blood pressure. Studying this relationship raises questions like “Can we *prevent* high blood pressure by eating right?” and

“Can we keep high blood pressure under control by staying on a good diet?”

As you read this pamphlet, you will find out what we know—first about the effects of weight on blood pressure and then about the effects of salt. Although much remains to be learned, experts agree that:

- Controlling weight has many health benefits.
- Most Americans eat too much salt; cutting down on salt won't hurt most people, and in fact it may improve your health.
- Health professionals can help patients make changes in food habits when they are prescribed to help control high blood pressure.
- Better food habits usually help medicine work better. Sometimes a diet

change is the only treatment needed to control high blood pressure.

## **Q What Do We Know About Weight and High Blood Pressure?**

**A** Scientists and doctors know that:

- High blood pressure is much more common in overweight people.
- As a person gains weight, blood pressure tends to rise; when a person loses weight, blood pressure often goes down.
- For some, losing weight controls high blood pressure so well that no medicine is needed, especially if blood pressure is not too high.

## **Q What About Using Salt Substitutes?**

**A** Salt substitutes can be useful for certain people who want to reduce their sodium intake. But, for some people with certain medical conditions, salt substitutes can be harmful. Ask your doctor before you make a decision to try salt substitutes.

down. For them, this diet change becomes a regular part of their treatment. It may also mean that they will need smaller drug dosages to control their blood pressure.

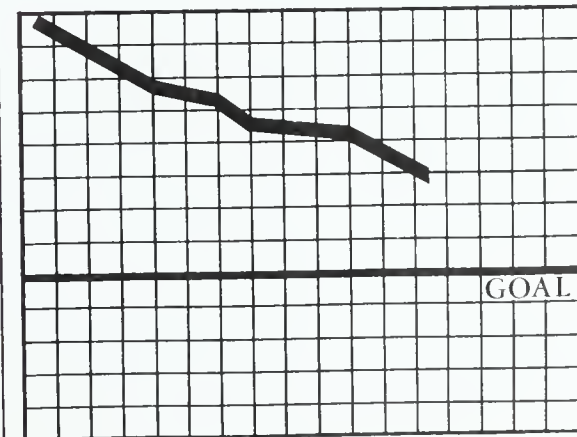
## **Q Does Eating Less Salt Help Lower High Blood Pressure?**

**A** For some people with high blood pressure, eating less salt and other forms of sodium helps to bring high blood pressure

## **Q Can High Blood Pressure Be Controlled With Dietary Changes Alone?**

**A** Sometimes, especially if the blood pressure isn't too much above normal, dietary changes are enough to control high blood pressure. If you're taking medication for high blood pressure, don't stop without talking to your doctor. Keep on taking your drugs for high blood pressure, even if you have lost weight and are eating less salt.

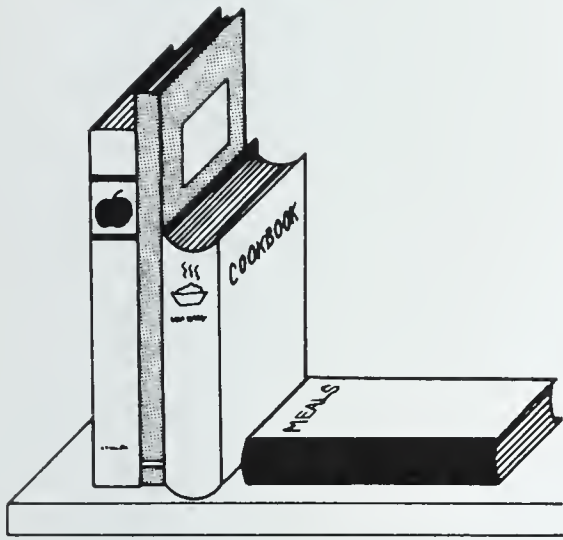
Talk to your doctor about the exact treatment you should follow—usually for the rest of your life. And keep track of your blood pressure to make sure it stays controlled.







**DISCRIMINATION PROHIBITED:** Under provisions of applicable public laws enacted by Congress since 1964, no person in the United States shall, on the grounds of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity (or, on the basis of sex, with respect to any education program or activity) receiving Federal financial assistance. In addition, Executive Order 11141 prohibits discrimination on the basis of age by contractors and subcontractors in the performance of Federal contracts, and Executive Order 11246 states that no federally funded contractor may discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. Therefore, the NATIONAL HIGH BLOOD PRESSURE EDUCATION PROGRAM must be operated in compliance with these laws and Executive Orders.



Information on high blood pressure is available from:  
High Blood Pressure Information Center  
120/80 National Institutes of Health  
Bethesda, Maryland 20205





U.S. Department of Health and Human Services  
Public Health Service  
National Institutes of Health  
National Heart, Lung, and Blood Institute  
National High Blood Pressure Education Program

# Feature Sheets

National High Blood Pressure Month  
May 1984





Q . 616 . 132  
H 537

## Feature Sheets

Feature Sheets in this kit are reproducible. By reprinting these materials yourself, you will have a ready, immediate supply of simple, professional, patient, and consumer publications to let you get started on activities right away. You can then use the High Blood Pressure Information Center Month order form or the list of materials available through other organizations to get professional education materials and additional patient and consumer pieces.





# Improving Adherence to Therapy

---

## Ideas for Health Professionals Working with Hypertensive Patients

Because high blood pressure control requires a lifetime commitment from patients, they often need support and consideration from you and their family members. The professional's role in patients' achieving adherence to a treatment regimen is quite significant; your attention and interest in each patient need to be continuous throughout treatment. This may take some extra effort on your part but a strong patient-professional relationship can bring rewards for you and your patients.

The methods available for improving adherence to antihypertensive therapy are simple, but do require a commitment from you, the health professional. The benefits, however, are great: the tragedy of premature death and disability from uncontrolled hypertension is avoidable. Studies show that responsibility for ensuring good adherence need not be shouldered by you alone, but is best managed when there is participation by the patient and all members of the health care team.

### **Rx FOR ALL PATIENTS: Prepare the Way for Good Adherence**

1. Monitor appointment keeping; record and share progress toward goal blood pressure.
2. Make it convenient and easy for patients to remember appointments by:
  - reducing waiting time, and
  - setting the time and date of the next visit before patients leave your office.
3. Keep dietary and/or drug regimens as simple as possible.
4. Work with patients on one behavior change at a time.
5. Assist patients to participate actively in their own care by encouraging them to:
  - ask questions,
  - express concerns, and
  - solve problems as they arise.

Actions such as those described above may be considered useful in preventing adherence problems and can be provided for *all* hypertensive patients as part of routine office practice. For some patients, however, these steps will not be enough to maintain adherence. Specific approaches to helping these patients are

noted below. These may require additional time and energy, but keep in mind, these actions will probably need to be concentrated on only that portion of your patient population experiencing adherence problems.

### **Rx FOR PATIENTS WITH PROBLEMS: Strategies for Improving Adherence**

1. Retrieve dropouts with personal contact:
  - make new appointments promptly after a "no show," and
  - personally contact persistent nonattenders.
2. Increase your attention and supervision:
  - increase the frequency of visits until the blood pressure is stabilized or on a steady decline,
  - seek the cooperation of other health professionals seeing the patient, and
  - recruit the patient's family and friends to help support good adherence habits.
3. Use the behavioral principles of cueing (tie medication-taking to routine daily habits), feedback, and reinforcement to help patients maintain therapy and progress toward goal blood pressure.





# “Filler” Articles

(Use them in your organization’s periodicals or reproduce as patient/general handouts)

---

---

## High Blood Pressure? A Variety of Health Professionals Can Help

If you have high blood pressure, you should control it to have a longer, healthier life. Uncontrolled high blood pressure can lead to heart or kidney disease and stroke. One way to get your blood pressure “numbers” to come down and to keep them down is to follow the advice of health professionals interested in helping you.

Your doctor is the only one who can diagnose your high blood pressure. But other health pro-

fessionals can help in a variety of ways. Along with medication, you may be asked to lose weight, or cut back on salt or smoking. Doing these things will help your medication work better and shorten the time for you to reach your blood pressure goal. There are a number of health professionals trained to assist you, including nurses, pharmacists, nutritionists, and health educators.

---

## Good Health Habits Help You Beat the Odds

What do uncontrolled high blood pressure, overweight, smoking, and a high cholesterol diet have in common? They all increase your odds for getting heart disease.

How much? The answer is different for each person, depending on family history, and on how many of these “health risks” you have. Your doc-

tor can tell you how big a chance you may be taking with your health by not controlling risks that can be modified or eliminated.

How much risk is too much? Ask yourself. Then ask your doctor for help in changing everyday habits to help you beat the odds.

---

## Reducing Your Waistline and Your Blood Pressure

Overweight? You may not know it, but shedding those unwanted pounds can do more than shrink your waistline. It might also lower your blood pressure.

High blood pressure is twice as common among people who are overweight. When these patients take pounds off and keep them off,

chances are they’ll need less medicine (or none) to lower pressure to a healthy level. And many people with normal blood pressure can help keep it that way by watching their weight.

Ask your doctor for advice about keeping your weight and your blood pressure under control.

---

## High Blood Pressure Is a Family Affair

Doctors have found that high blood pressure runs in families. There is a chance of more than one member of a family having hypertension. So if family members learn early on to watch weight, cut back on salt, get more exercise, and how to deal with high blood pressure, they will benefit. They will be helped as they help you treat your high blood pressure.

Give your family members things to do in order to help. Your doctor or nurse can tell you how to have someone take blood pressure readings and record progress on a chart. A family member

might be asked to remind you about daily medication. Family members also can help with pill refills, with doctor visits, and with getting help from other health workers like educators, nutritionists, or dietitians.

Friends can help, too. Changes your doctor asked you to make—such as to reduce your weight, use less salt, exercise more, or smoke less—affect activities often done among friends. A friend can be very helpful. Tell someone you need help following your doctor’s advice.



# *Scale Down That High Blood Pressure*

---



Your blood pressure is higher than it should be. You know that's not healthy. Your doctor may have told you to:

- lose weight
- cut down on salt
- plan regular exercise
- take medication

Follow your doctor's advice. Take care of yourself. It'll take a weight off your mind as well.

## *High Blood Pressure . . . Treat It For Life*

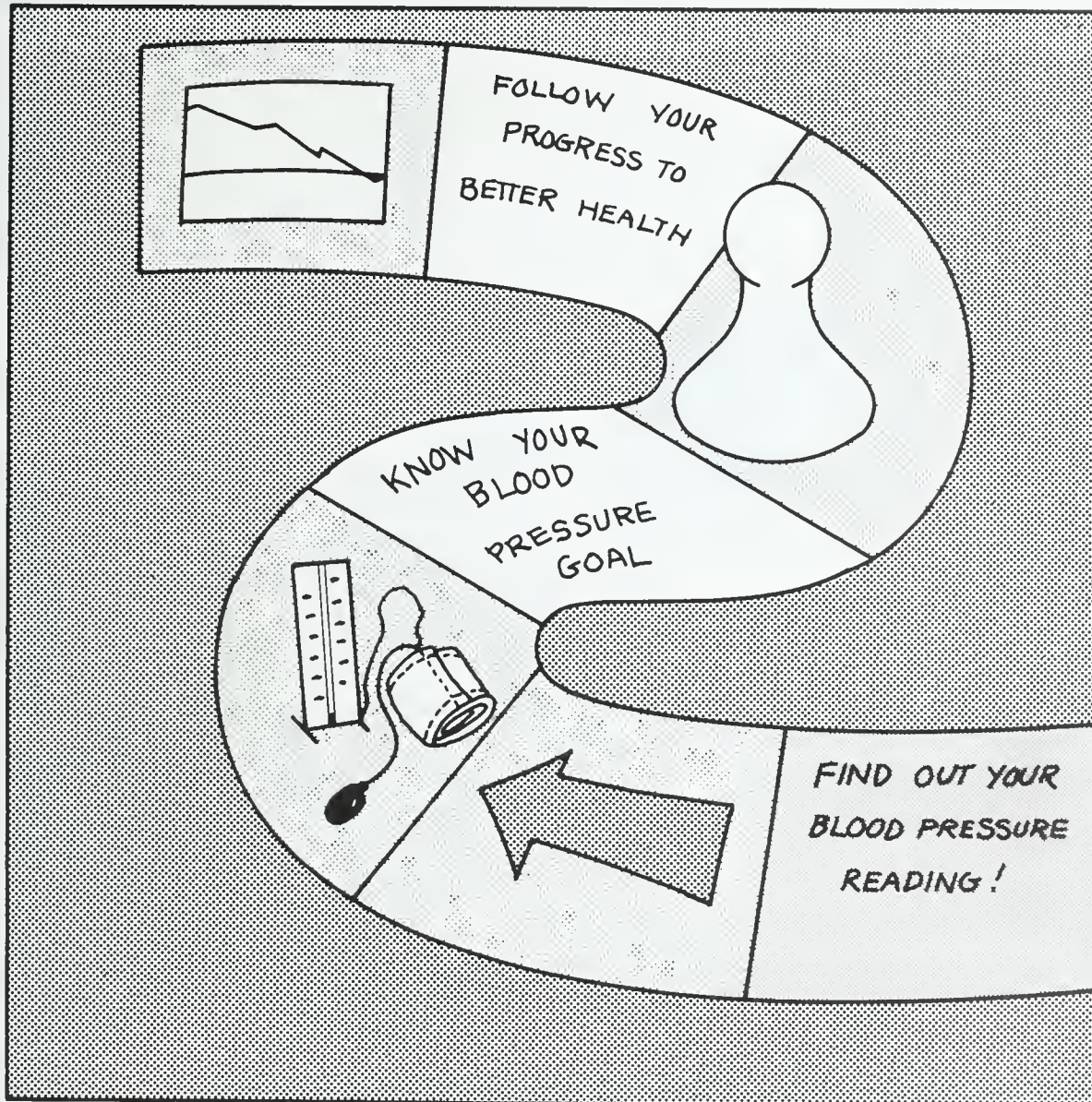
U.S. Department of Health and Human Services  
Public Health Service, National Institutes of Health  
National Heart, Lung, and Blood Institute  
National High Blood Pressure Education Program **A**





# Stay on a healthy course. Keep track of your blood pressure.

---



Know your blood pressure goal.  
Ask your doctor what your numbers are  
and keep your own record. Follow  
your progress to better health.

## High blood pressure . . . Treat it for life!





# Don't skip your blood pressure medication



Watching your diet, exercising, losing weight and stopping smoking are great if you have high blood pressure. But it's just as important to take your pills.

If your doctor prescribed medication, you need it. Don't substitute for the pills.

**High Blood Pressure...**  
**Treat it for Life**

U.S. Department of Health and Human Services  
Public Health Service, National Institutes of Health  
National Heart, Lung, and Blood Institute  
National High Blood Pressure Education Program





# High Blood Pressure Month Proclamation

WHEREAS local organizations and groups who work for high blood pressure control have a right to be proud of what they are doing because they are greatly increasing knowledge and awareness of the seriousness of hypertension and are helping to decrease the number of deaths due to hypertension-related diseases . . .

WHEREAS a 1982 national survey of public knowledge about high blood pressure showed that over 90 percent of all Americans now believe high blood pressure is a very serious disease, and recognize that hypertension cannot be cured but can be controlled by continuous treatment . . .

WHEREAS high blood pressure is still a leading cause of disability, and contributes to more than 750,000 deaths from cardiovascular and related diseases annually . . .

WHEREAS about 60 million Americans have high blood pressure of some degree, and many of them do not know they have it because it is symptomless; and of the many who *do* know that they have it, millions *still* are not under treatment, or do not have their blood pressure under adequate control . . .

WHEREAS people with untreated or uncontrolled high blood pressure risk premature illness or death from coronary heart disease, stroke, heart or kidney failure, and people who effectively control their high blood pressure can lead normal, healthy lives . . .

WHEREAS hundreds of America's major private, professional, voluntary, state, and Federal organizations work together to promote existing high blood pressure programs, and to begin new programs throughout this country; they continue to make progress in helping millions of Americans control their high blood pressure, and they deserve our recognition and support . . .

THEREFORE as \_\_\_\_\_, I hereby proclaim the month of May 1984 as National High Blood Pressure Month. I strongly urge all civic, scientific, medical, educational, voluntary, and health care organizations and professionals to join me in using this month—and the months and years to come—to educate the public, patients, and health care professionals in the detection, treatment, and control of high blood pressure.

In addition, I strongly urge you, my fellow citizens, to have your blood pressure checked regularly, as well as the blood pressures of members of your families. If your blood pressure is high, you should seek and follow your physician's advice.

---

Signature

---

Date





# CERTIFICATE OF RECOGNITION

*This is to recognize the volunteer contributions of*

---

*to high blood pressure control in our community.*

*Volunteer efforts such as these are fundamental to program success in reducing death  
and disability related to high blood pressure.*

*This certificate is offered with appreciation and pride.*

signed \_\_\_\_\_

signed \_\_\_\_\_



# Patient Wallet Diary



My Goal BP \_\_\_\_\_  
Name \_\_\_\_\_  
Clinic or MD \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medication \_\_\_\_\_  
Instructions \_\_\_\_\_

# Patient Wallet Diary



My Goal BP \_\_\_\_\_  
Name \_\_\_\_\_  
Clinic or MD \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medication \_\_\_\_\_  
Instructions \_\_\_\_\_

# Patient Wallet Diary



My Goal BP \_\_\_\_\_  
Name \_\_\_\_\_  
Clinic or MD \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medication \_\_\_\_\_  
Instructions \_\_\_\_\_

# Patient Wallet Diary



My Goal BP \_\_\_\_\_  
Name \_\_\_\_\_  
Clinic or MD \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medication \_\_\_\_\_  
Instructions \_\_\_\_\_

# Patient Wallet Diary



My Goal BP \_\_\_\_\_  
Name \_\_\_\_\_  
Clinic or MD \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medication \_\_\_\_\_  
Instructions \_\_\_\_\_

# Patient Wallet Diary



My Goal BP \_\_\_\_\_  
Name \_\_\_\_\_  
Clinic or MD \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medication \_\_\_\_\_  
Instructions \_\_\_\_\_









# Selected Bibliography on Patient Adherence and Patient Education

---

This bibliography lists a variety of references available on the topics of patient adherence and patient education. Items marked with an asterisk (\*) are available from the High Blood Pressure Information Center. Please contact the publisher or local libraries for all other items.

- Anderson, Ron J. and Matthews, Carol, "Non-compliance: Failure of the Therapeutic Partnership," *Cardiovascular Reviews and Reports*, 2(5):464-470, May 1981.
- Becker, Marshall and Maiman, Lois, "Strategies for Enhancing Patient Compliance," *Journal of Community Health*, 6(2):113-135, Winter 1980.
- Daniels, Linda and Kochar, Mahendr, "Monitoring and Facilitating Adherence to Hypertension Therapeutic Regimens," *Cardiovascular Nursing*, 16(2):7-12, March-April 1980.
- Glanz, Karen, "Compliance with Dietary Regimens: Its Magnitude, Measurement, and Determinants," *Preventive Medicine*, 9(6):787-804, November 1980.
- Haynes, R. Brian, "Lowering Blood Pressure by Gaining Patients' Cooperation," *Journal of Cardiovascular Medicine*, 6(5):451-458, May 1981.
- Haynes, R. Brian, Chairman, "Management of Patient Compliance in the Treatment of Hypertension: Report of the Working Group," *Hypertension*, 4(3):415-423, May-June 1982.
- \**High Blood Pressure Control: Information and Education Strategies for Messages to Public and Patient Audiences*, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Heart, Lung, and Blood Institute, National High Blood Pressure Education Program, April 1982.
- Hunt, Gerard and Rhodes, Laura, "Patient Education: The Importance of a Reciprocal Relationship," *Maryland State Medical Journal*, 32(4):299-302, April 1983.
- Levine, David M. et al., "Health Education for Hypertensive Patients," *Journal of the American Medical Association*, 241(16):1700-1703, April 20, 1979.
- McKenney, James M., "Methods of Modifying Compliance Behavior in Hypertensive Patients," *Drug Intelligence and Clinical Pharmacy*, 15(1):8-14, January 1981.
- Moore, Michael, "Step-Care Approach to Improving Hypertensive Patient Compliance," *American Family Physician*, 26(1):155-160, July 1982.
- Moriskey, Donald et al., "Five-Year Blood Pressure Control and Mortality Following Health Education for Hypertensive Patients," *American Journal of Public Health*, 73(2):153-162, February 1983.
- Patient Education in the Primary Care Setting: Proceedings of the Fifth Annual Conference*, September 20-21, 1982, Kansas City, MO, S.S.M. Regional Family Practice Residency and National Family Practice Research and Development Center, St. Mary's Hospital, 1983.
- \**Report of the Working Group on Critical Patient Behaviors in the Dietary Management of High Blood Pressure*, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Heart, Lung, and Blood Institute, National High Blood Pressure Education Program, NIH Publication No. 83-2269, December 1982.
- Smith, Dorothy, "Patient Education: Working Toward a Common Goal," *Maryland State Medical Journal*, 32(4):294-298, April 1983.
- \**Working Group to Define Critical Patient Behaviors in High Blood Pressure Control*, "Patient Behavior for Blood Pressure Control: Guidelines for Professionals," *Journal of the American Medical Association*, 241(23):2534-2537, June 8, 1979.





## Hypertension—article for health professionals and HBP-related voluntary organizations.

---

Recently released results of a 1982 survey conducted by the National Heart, Lung, and Blood Institute and the Food and Drug Administration portend a continued reduction in the deaths and disabilities from hypertension-related conditions. This survey showed that more Americans are aware of hypertension and its dangers, know that it can be treated effectively, and are getting their blood pressure checked than was shown in a survey conducted in 1973.

Results of the National Health and Nutrition Examination Surveys also show favorable trends. During the time period of 1971-72 to 1976-80, the percent of hypertensives aware of their condition increased from 51 percent to 73 percent. In addition, control rates more than doubled during this period, from 16.5 percent to 34.1 percent.

Researchers regard these findings as encouraging and as an indication that the decline in stroke and heart attack mortality is likely to continue. During the decade following 1972, stroke mortality dropped by more than 40 percent, and heart attack deaths decreased by nearly 30 percent. Officials of the National High Blood Pressure Education Program, the program that coordinates national efforts to control high blood pressure, point out that the increased number of hypertensives under effective treatment have contributed to these trends.

The National High Blood Pressure Education Program was created in 1972 to work with community groups, volunteer organizations, medical specialists, and industry to maintain a steady and coordinated effort to educate the public and professionals about high blood pressure and its increased risk of heart attack and stroke. Much of the Program's success has been attributed to the many organizations and agencies at federal, state, and local levels (including \_\_\_\_\_) that are actively participating in the mammoth effort to control high blood pressure.

Despite the recent progress, however, problems remain that require additional attention. Men lag behind women in controlling hypertension, and control rates for black men do not approach those of their white counterparts. Since the prevalence rate of hypertension is greater among the black population, detecting and treating high blood pressure among this group assume even more importance.

One key to continued success in the national effort is the participation of health professionals in a number of settings, particularly in getting and keeping hypertensives under control. Health professionals at all levels can encourage adherence to therapy. They can:

- Improve patient education and counseling.  
Encouraging the development of appropriate

patient behavior for blood pressure control is a critical task for all health professionals. Patients may need help in making a decision or personal commitment to control the disease, in forming new habits for regularly taking medication, in making lifestyle changes, in monitoring progress toward their goal, and in resolving problems related to therapy.

- Become familiar with current treatment recommendations. The Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure offers guidelines for detection and confirmation of blood pressure elevations, referral, patient evaluation (including laboratory workup), and stepped-care drug therapy. It also addresses additional issues including managing mild high blood pressure, patient education for therapy maintenance, nondrug treatment, drugs for use in stepped-care therapy, and managing the elderly and other special patient groups.
- Involve all types of health professionals. Successful control of high blood pressure requires patient access to a number of professionals participating in one or more steps within the control process. Yet barriers to interdisciplinary cooperation exist. Recent recommendations by a multidisciplinary panel that examined professional roles urge that those barriers be overcome in order to expand individual and community high blood pressure control services.

This May, National High Blood Pressure Month, is an appropriate time for us to examine our involvement in high blood pressure control and to determine how we might expand such efforts. Our efforts to encourage patient adherence can be multiplied by working with other groups that may have ongoing programs or resources to share. Some groups interested in cooperative efforts may be the American Red Cross, civic and fraternal organizations, community centers, fire and police departments, health departments, hospitals and clinics, industries, newspapers, professional societies, senior citizen and student groups, area health education centers, and extension agencies.

The 1984 High Blood Pressure Month kit is available to help health professionals work with patients and the public. The kit includes a program planning guide and educational materials that may be used in publications or in other ways. Copies of the Month kit and other information for professionals may be obtained from:

High Blood Pressure Month  
High Blood Pressure Information Center  
120/80 National Institutes of Health  
Bethesda, MD 20205



## Hypertension — newspaper article

---

Recently published data on high blood pressure awareness and control and continued decreases in the death rates from strokes and heart attacks show encouraging trends, according to *(local organization or public health department)*. High blood pressure, or hypertension, is one of the main risk factors for stroke and heart disease.

The federal government's most recent report of the National Health and Nutrition Examination Survey (NHANES) compared 1976-80 data with that collected during a 1971-72 survey. The data showed that during that time the number of individuals whose high blood pressure was adequately controlled had more than doubled from 16.5 percent in 1971-72 to 34.1 percent in the 1976-80 survey. Most of that increase occurred between 1976 and 1980, when the National High Blood Pressure Education Program intensified its educational messages on the importance of hypertensives adhering to their therapy. In addition, the survey results also report that the percent of hypertensives aware that they have high blood pressure increased from 51 percent to 73 percent.

Further, in the decade since 1972, stroke mortality has declined by more than 40 percent, and heart attack mortality is down nearly 30 percent. These are encouraging trends, says *(Edward Rocella, Ph.D., Coordinator of the National High Blood Pressure Education Program, or local HBP official)*. It is probable that increased awareness

and control of hypertension is at least in part responsible for the declines.

Since 1972, a coordinated program involving the federal government, state and local public health services, community agencies, voluntary organizations, and industry has been directed at increasing the public awareness of high blood pressure and urging those who have high blood pressure to get on treatment and stay on it. This coordinated effort involves more than 30 national organizations, all 50 states, and over 2,000 community groups.

Although the NHANES demonstrates the progress that has been made during the past decade, much remains to be done. Males lag far behind females in achieving control of hypertension, and control rates for black males are not as good as those for white males. Blacks have a higher prevalence rate of high blood pressure than do white populations and therefore should be especially aware of the consequences of untreated hypertension. These and other problems, say officials, will need to be addressed specifically to maintain the favorable trends in the control of high blood pressure.

(Note: Local programs may wish to end this article with a calendar of events for High Blood Pressure Month and/or a description of the status of high blood pressure control within the community.)







# How To Use This Kit

---

The 1984 High Blood Pressure Month kit is a do-it-yourself guide to high blood pressure (HBP) control activities. It is designed to help you develop and expand approaches to improving high blood pressure control. The kit contains supporting materials, but each one asks additional action from you.

For example, a number of kit materials are reproducible. By reprinting these materials yourself, you will have a ready, immediate supply of easy-to-use professional, patient, and consumer publications to let you get started on activities right away. These materials are just the beginning. The most important ingredients in High Blood Pressure Month are you, your community, and an ongoing commitment to high blood pressure control in May and all year long.

Contents of the kit include:

**Activity Guide**, with new ideas for HBP control activities and suggestions for working with health professionals, patients, and the general public. It will help you plan high blood pressure control efforts for May and throughout the year.

**Feature Sheets** include a variety of reproducible items that can be shared with health professionals and patients: a bibliography, tips for health professionals, handbills, "filler" articles, a High Blood Pressure Month Proclamation, a recognition certificate, and a patient wallet diary. Instructions for reproducing these materials are also included in the kit.

**Prepared articles** with an option for your organization to add additional information and retype on your own letterhead.

**Two large posters** to publicize high blood pressure control and your own activities.

**Two pamphlets** about HBP that you can reproduce in quantity for patients and consumers.

**High Blood Pressure Information Center Month Order Form**, listing core materials available in quantity free from the High Blood Pressure Information Center (HBPIC).

**Available Materials Sheet**, listing other sources of patient and consumer materials (some free in quantity, some reproducible, some at nominal charge).



# AMERICAN HEALTH & WELLNESS ASSOCIATION

781 W. Oakland Park Blvd., Suite 273, Ft. Lauderdale, FL 33311 1-305-761-1279

Dear Health Promotion Specialist,

Enclosed is the 1984 High Blood Pressure Month Kit (a do-it-yourself guide to high blood pressure control activities). The American Health & Wellness Association ordered the kit from the National High Blood Pressure Education Program. The kits are provided to organizations and health professionals (selected from AHWA's mailing list) who are in a position to share the information with other health professionals and the community.

The American Health & Wellness Association (AHWA) is a central source of information and referral for health & wellness questions. Health Promotion Specialists who are members of AHWA FORM AN ACTIVE NETWORK OF HEALTH PROFESSIONALS WHO SHARE HEALTH AND WELLNESS INFORMATION WITH EACH OTHER AND THE PUBLIC. All AHWA professional members receive a package of materials which is used as a resource guide for health promotion activities.

Many health professionals would like additional materials for teaching about nutrition, weight control, stress management, physical fitness, smoking cessation, high blood pressure, etc. The AHWA HEALTH PROMOTION RESOURCE PACKAGE contains information on:

- I.

Sources of Free Publications

Federal Health Information Clearinghouses and Information Centers

Audio-Visual Materials & Programs

Toll Free Numbers for Health Information

National Health Promotion Organizations & Services Offered
- Wellness Curriculum Packages

Commercial Vendors of Health Products

Bibliographies

\*\*\*AHWA Members Also Receive:\*\*\*

- II.

HEALTHSTYLE: A SELF TEST

HEALTH & WELLNESS

THE INSIDE & OUT FUN BOOK

THE WALK BOOK

EXERCISE AND YOUR HEART

(other health & wellness pubs. when avail.)

If you would like to join the AHWA, fill out the Membership Application attached. In Addition To the Health Promotion Resource Package and the publications listed above, new members also receive:

- II.

1) One issue of Medical Self-Care

2) Your Choice of:

a. Holistic Health Lifebook

-or-

b. 14 Days To A Wellness Lifestyle

Reg. \$4.00

Reg. \$12.95

Reg. \$10.95

The annual membership dues are \$49.00 and this offer is available only while supplies last!

MEMBERSHIP APPLICATION

To join the American Health & Wellness Association return this form with a \$49.00 check (payable to American Health & Wellness Association) to:

AMERICAN HEALTH & WELLNESS ASSOCIATION  
781 W. Oakland Park Blvd., Suite 273  
Ft. Lauderdale, Florida 33311

Check One Of The Below  
HOLISTIC HEALTH LIFEBOOK  
-or-  
14 DAYS TO A WELLNESS LIFESTYLE

Name

Day Phone

Title

Organization

Work Address

City

State

Zip

Topics of Special Interest



AHWA is a non-profit tax exempt organization.

Do You Know Where To Go For  
Health & Wellness Information?






Q. 610.102  
H 537

	
	you have
high blood pressure . . .	

Treat it for life.

Do it for yourself and all the loved ones  
in your life.

	
HIGH BLOOD PRESSURE	
	
FACTS	
For YOU and YOUR FAMILY	

NIH Publication No. 80-2023  
August 1980

DISCRIMINATION PROHIBITED: Under provisions of applicable public laws enacted by Congress since 1964, no person in the United States shall, on the ground of race, color, national origin, sex, or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. In addition, Executive Order 11141 prohibits discrimination on the basis of age by contractors and subcontractors in the performance of Federal contracts. Therefore, the NATIONAL HIGH BLOOD PRESSURE EDUCATION PROGRAM must be operated in compliance with these laws and executive order.

National High Blood Pressure Education Program **A**  
National Heart, Lung, and Blood Institute  
120/80 National Institutes of Health  
Bethesda, Maryland 20205

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
National Institutes of Health



# QUESTIONS

and answers

## What is high blood pressure?

Your blood pushes against your blood vessels as your heart beats. Sometimes this push is too great. Then high blood pressure results.

High blood pressure can cause a stroke . . . or a heart attack . . . or kidney disease.

## Who can get high blood pressure?

High blood pressure is a common problem. Anybody can have it. Young and old, men and women, relaxed people and tense people . . . anybody. If you are over 40, you have a bigger chance of having high blood pressure.

## How can you tell if you have it?

You can't tell by yourself if you have it. You can feel good, or feel bad. But the way you feel does not tell you. There is only one way to find out. Have a doctor or nurse check your blood pressure.

## Can you control high blood pressure?

High blood pressure usually cannot be cured. **But you can control it.** You can bring your blood pressure down to normal. How? By treatment — every day. Then you can lead a normal, active, healthy life.

If you have high blood pressure, see a doctor. The doctor can help you control your blood pressure. You may be given pills to take every day. The doctor may ask you to do other things. Like losing weight. And using less salt.

The doctor may also ask you to stop smoking. Or maybe to exercise more.

**Be sure** you know just what the doctor asks you to do. Ask questions to be sure. Millions of people control their blood pressure. **You can,** too.

# FACTS

about high blood pressure

High blood pressure can cause strokes, heart attacks, and kidney disease.

You usually cannot tell if you have high blood pressure. So have a doctor or nurse check for it. Anybody can have it.

**You can** control high blood pressure. When it is controlled, you can lead a normal, active, healthy life.

Be sure you understand the doctor's treatment. Then follow the treatment every day. For life.

Tell your family and friends about your treatment. They can help.

Remember, millions of people control their high blood pressure. You can, too.

# TIPS

to help you control your high blood pressure

Usually, high blood pressure will not go away, or be cured. You need to stay on your doctor's treatment. Every day. **Do not stop your treatment** unless the doctor says to stop. Be sure of what the doctor says.

Some people only take their pills when they feel bad. Same take them when they feel good! Both ways are wrong. **Follow your treatment every day.** No matter how you feel.

The doctor may ask you to do other things besides take pills. Maybe cut down on salt. Maybe lose weight. Do not decide by yourself which things you will do. Do all the things the doctor asks. Most of all, the pills.

Tell your family and friends about your treatment. They can remind you to take your pills. Or cook meals with your diet in mind. It's a fact — they can help you control your blood pressure.

If you stop treatment, your blood pressure will go back up. If you start treatment again, your blood pressure will go back down again. So keep trying until you get your blood pressure under control. Then keep it there . . . for life.





616.132  
H537

# How to Reprint Materials

---

Many programs don't have the resources to develop their own educational materials. Free pamphlets with the information your patients or clients need are not always available in the right quantity, at the right time. How can you get the materials you need at a price you can afford? For many local programs, reprinting booklets and flyers other groups have produced is the answer.

Duplicating publications is easy. You don't need special skills, experience, or materials to do it. And it's economical, with enough options to match almost any program need and budget. In fact, reprinting pamphlets is almost always cheaper than buying them.

Here is a simple guide to reprinting that answers some common questions and suggests some possibilities.

## What are the ways materials can be duplicated?

For most programs two simple options are available for reprinting materials: photocopying and printing. Here are some general guidelines to consider in choosing between them.

## Will I need the original artwork and type to reproduce a brochure?

No. A printed pamphlet or flyer is all that you need for photocopying or printing. But if you can get the original pasteup of art and type (called the "mechanical"), the reprints will be sharper in quality. Many producers of materials will loan mechanicals for reproduction for a small handling charge. If you need to reprint the publication more than once, you can have the mechanical itself duplicated (called "making a stat") and keep the copy on hand. This is not expensive to do.

## What factors affect printing costs?

Five variables are involved:

1. **Quantity.** The greatest expense in printing is making the printing plates. Thus unlike photocopying costs, which remain constant per item, printing costs per unit go down as quantities go up. And up to 50,000 copies, the more you print, the more you save. For

example, a one-sided, black and white flyer would cost about:

- \$40 for 1,000 copies (\$.04 per copy)
- \$53 for 2,000 copies (\$.026 per copy)
- \$85 for 4,000 copies (\$.021 per copy)

2. **Printer.** Every printer prices work differently, and a single printer's prices for similar work may vary depending on arrangements made. Always get several cost estimates if budget is a concern, and find out about delivery times and any special requirements. Printing quality can also vary. To find a reputable printer, ask others in your organization or those in other health-related groups for their recommendations. Look at samples of different printers' work.
3. **Paper Quality.** Once you've chosen a printer, he or she will show you paper samples in different weights, colors, and finishes. There are papers for all budgets. If the initial estimate seems high, ask about using a more modest paper stock.
4. **Ink Color.** Materials that use only one ink color will be the most economical. For quantities under 10,000, black ink will be the cheaper choice. Prices also increase with each different color ink you add. But even if the brochure you're duplicating has four ink colors, you can have it reprinted in black ink on white paper if cost is a concern.
5. **Artwork.** Printers charge more for materials with drawings or photographs than they do for materials with type alone, but these fees are small.

## Can I "customize" or adapt reprinted materials?

Yes, with a little help from a graphic artist. For example, you can:

- Add your organization's name, contact information, and logo to a pamphlet you reprint to identify your group as a local source of high blood pressure materials.
- Combine parts of two brochures to make one new publication. A graphic artist can do a professional "cut and paste" for printing or photocopying.



- Add a new section to an existing brochure and reprint it. In this case, the graphic artist would have the new material typeset in the same style and would paste it up in a similar format for reproduction.
- Save on design fees when developing new materials by adapting artwork from an existing publication. A graphic specialist will still need to lay out and paste up the pages, but you will eliminate illustration costs.

## What about copyright restrictions?

You will need express permission before reprinting most publications and artwork to avoid copyright infringement. Many groups will be willing to give permission; commercial firms probably will not. In most cases you will need to give credit (e.g., "reprinted with permission from . . .") to the original publisher.

U.S. Government pamphlets and flyers produced by the National High Blood Pressure Education Program are not copyrighted and may be reproduced without restriction or written permission. And the government only requests that a credit line appear on reprinted copies.

## How do programs defray the costs of reprinting materials?

Lots of ways. Some ideas include:

- Finding a printer who donates full or partial services as a charitable contribution.
- Coordinating with other high blood pressure programs who are reproducing materials. If two programs put their reprint orders for the same materials together, their unit costs will go down.
- Getting financial support from local merchants or industries. Some programs make this more attractive by giving credit to donors on the back of the brochure.

Method	When to Use	Advantages	Disadvantages
<b>Photocopying</b>	When reproducing small quantities (in general, under 500 sheets)	Economical in small quantities	Unit cost stays the same regardless of quantity and will be higher for smaller copying machines.
		Convenient	Quality of reprint image may be rough
		"Instant" turnaround	Materials will need to be cut to size and bound by hand
<b>Printing</b>	When reproducing large quantities (more than 500 sheets)	Increasing quantity decreases price per item	Work must be scheduled in advance; lead times vary for different printers
		Sharper reprint quality More professional appearance with machine binding, cutting, and folding	Expensive for small quantities

616.132  
H537

# Materials Available from Other Sources

---

## Patient and Consumer Pamphlets

**Watch Your Blood Pressure** (blue booklet, 28 pages)

This booklet outlines the nature and physical characteristics of blood pressure, both normal and high, with a description of various types of hypertension. For diagnosed hypertensives.

Availability: Public Affairs Pamphlets  
381 Park Avenue South  
New York, NY 10016  
(212) 683-4331  
Cost: \$1.00 each;  
discount available for quantities.

**The Sodium Content of Popular Prepared Food Items** (blue pamphlet, 11 pages)

This pamphlet provides a handy reference guide to meal planning for individuals who have an interest in the sodium content of foods. Contains charts that list the sodium values of commonly eaten, prepared foods.

Availability: Attention: Consumer Affairs  
Morton Salt Division  
Morton Norwich Products  
110 North Wacker Drive  
Chicago, IL 60606  
(312) 621-5582  
Cost: Free in limited quantities.

**Straight Talk About Salt** (brown pamphlet, 21 pages)

This pamphlet cites the function of sodium in the body, the capabilities of healthy bodies to eliminate excess sodium, and the possible effects of excess sodium on persons who have lost that capability. Contains tables of the sodium content of some 300 foods.

Availability: The Salt Institute  
206 N. Washington Street, Dept. E  
Alexandria, VA 22314  
(703) 549-4648  
Cost: \$0.25 each or free with a stamped, self-addressed #10 envelope; discount available for quantities.

**AGE PAGE: High Blood Pressure A Common but Controllable Disorder** (flyer, 1 page)

This flyer defines high blood pressure, discusses its asymptomatic nature, and the recommended treatment. Includes prevalence statistics for the elderly and a brief discussion of mild high blood pressure.

Availability: NIA/Age Page  
9000 Rockville Pike  
Bldg. 31, Room 5C36  
Bethesda, MD 20205  
Cost: Free, up to 50 copies.  
Note: This is a government publication and very easy to reprint additional copies. Please send a postcard when ordering.

**Sodium Sense** (green and white pamphlet, 8 pages)

This brochure discusses the role sodium plays in the diet and how to find sodium on the food label. Includes suggestions on how to reduce sodium in food preparation and a list of the sodium and potassium content of a number of everyday foods.

Availability: Consumer Affairs Department  
Food Marketing Institute  
1750 K Street, N.W.  
Washington, DC 20006  
Cost: 1-5 copies free;  
6-9 copies \$0.10 each;  
100 or more copies \$8.00 per hundred;  
1,000 or more copies \$70.00 per thousand.  
Reproducible artwork \$25.00 per set.

**Cross Roads to Health: Your Choice** (green and white pamphlet, 6 pages)

This pamphlet provides a succinct outline of recommended foods and problems to be aware of when controlling weight and high blood pressure.

Availability: Illinois State Council on Nutrition  
Lincoln Tower Plaza  
Suite 405-CR  
524 S. Second Street  
Springfield, IL 62706  
Cost: Free single copies with a stamped, self-addressed #10 envelope.



Q.616.132  
H537

## National High Blood Pressure Education Program

National High Blood Pressure Month 1984

# Evaluation and Order Form

---

High Blood Pressure Information Center  
120/80 National Institutes of Health  
Bethesda, Maryland 20205  
(301) 496-1809

(All Items Are Free, Allow Six Weeks For Delivery)

Name \_\_\_\_\_

Organization \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (Include Area Code) \_\_\_\_\_

**Please complete this section and return even if you are not ordering additional materials.**

**1. What type of organization best describes your program setting? (check the appropriate response)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Health Department      | <input type="checkbox"/> Voluntary Health Agency    | <input type="checkbox"/> Business or Industry   |
| <input type="checkbox"/> Hospital               | <input type="checkbox"/> Neighborhood Health Center | <input type="checkbox"/> Civic or Service Group |
| <input type="checkbox"/> Nursing Home           | <input type="checkbox"/> Insurance Company          | <input type="checkbox"/> Other (specify) _____  |
| <input type="checkbox"/> Solo or Group Practice | <input type="checkbox"/> Professional Association   |   |

**2. Does your organization target its high blood pressure control activities toward any of the following special populations? (check all that apply)**

- |                                  |                                     |  |
|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Minorities | <input type="checkbox"/> None of the above     |
| <input type="checkbox"/> Rural   | <input type="checkbox"/> Employees  | <input type="checkbox"/> Other (specify) _____ |

**3. How many years has your organization participated in National HBP Month? (check the appropriate response)**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> This is our first time | <input type="checkbox"/> 4-6 years |
| <input type="checkbox"/> 1-3 years              | <input type="checkbox"/> 7-9 years |

**4. In which high blood pressure activities is your organization involved? (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Professional Education | <input type="checkbox"/> Public Education | <input type="checkbox"/> Referral and Followup |
| <input type="checkbox"/> Patient Education      | <input type="checkbox"/> Detection        | <input type="checkbox"/> Other (specify) _____ |

**5. Do you conduct these activities year-round or only during May? (check appropriate response)**

- |                                   |                                       |                                   |
|-----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> All Year | <input type="checkbox"/> Part of Year | <input type="checkbox"/> May Only |
|-----------------------------------|---------------------------------------|-----------------------------------|



6. How useful are the items in the kit to your organization? (circle one response for each type of material)

Type of Material	Extremely Useful	Very Useful	Useful	Somewhat Useful	Not at all Useful
a. Activity Guide	1	2	3	4	5
b. Reproducible Pamphlets	1	2	3	4	5
c. Feature Sheets	1	2	3	4	5
d. Posters	1	2	3	4	5

7. Will your organization place a special emphasis on any of the following issues in HBP control for your National HBP Month activities? (check all that apply)

- ☐ Nondrug Therapy      ☐ Interdisciplinary Cooperation  
☐ Patient Adherence      ☐ Mild High Blood Pressure

8. Do you have any suggestions for ways we could further improve the National HBP Month Kit?

---



---



---



---

## Materials for Professionals

These materials are designed for use by health professionals in conjunction with professional education programs or as program planning resources.

Quantity  
Ordered

\_\_\_\_\_ **Audiovisual Aids for High Blood Pressure Education** (195 pages) Lists films, filmstrips, videocassettes, audiocassettes, and slides produced by a variety of resource organizations. Includes aids for professional, patient, and consumer audiences.

\_\_\_\_\_ **Collaboration in High Blood Pressure Control: Among Professionals and with the Patient** (4 pages) Position statement by the Coordinating Committee of the NHBPEP discusses the benefits of collaboration between health professionals and patients.

\_\_\_\_\_ **Community Guide to High Blood Pressure Control** (137 pages) The guide summarizes approaches to program development, examines components of a HBP program such as public education and patient teaching, and discusses funding.

\_\_\_\_\_ **High Blood Pressure Control: Information and Education Strategies for Messages to Public and Patient Audiences** (20 pages) NHBPEP communications strategy statement for public and patient information and education messages.

Quantity  
Ordered

\_\_\_\_\_ **Patient Behavior for Blood Pressure Control** (article reprint, *Journal of the American Medical Association*, June 1979) Report of the Working Group to Define Critical Patient Behaviors in High Blood Pressure Control.

\_\_\_\_\_ **Patient Tracking for High Blood Pressure Control** (66 pages) A manual for planning and operating a patient tracking system for improved control of high blood pressure in a variety of health care settings.

\_\_\_\_\_ **Printed Aids for High Blood Pressure Education: A Guide to Evaluated Materials** (98 pages) Description of materials from a variety of sources categorized by overall quality and reading level.

\_\_\_\_\_ **1980 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure** (24 pages) Presents the latest consensus recommendations for diagnostic tests, stepped-care approaches, and long-term maintenance.



Quantity Ordered		Quantity Ordered	
<input type="text"/>	<b>Report of the Working Group on Critical Patient Behaviors in the Dietary Management of High Blood Pressure</b> (44 pages) A ten-step definition of patient and professional behavior and skills for controlling sodium intake and weight.	<input type="text"/>	<b>Statement on Hypertension in the Elderly</b> (8 pages) Presents consensus statement of the NHBPEP Coordinating Committee on elevated blood pressures, diastolic and systolic elevation, and treatment of "mild" hypertension in the elderly. Based on findings of the Hypertension Detection and Follow-up Program.
<input type="text"/>	<b>The State Legislature and High Blood Pressure Program Funding</b> (6 pages) Explains how to work with State and Federal legislators to promote HBP funding and support.	<input type="text"/>	<b>Statement on the Role of Dietary Management in Hypertension Control</b> (4 pages) Presents consensus statement of the NHBPEP Coordinating Committee on dietary factors in the pathogenesis of hypertension, factors in dietary management, and recommended action steps for weight control and sodium intake reduction.

## Materials for Patients and Consumers

### A Note on Selecting Patient and Consumer Materials

An asterisk (\*) placed next to some listings indicates that the publication was specifically designed for a certain minority audience.


Reading level indications for consumer pamphlets were calculated using the SMOG Readability Formula. The levels roughly correspond to these school grade levels: Very Easy, grades 6-7; Easy, grade 8; Average, grades 9-10; Fairly Difficult, grades 11-13.

Quantity Ordered	Pamphlets	Quantity Ordered	Posters
<input type="text"/>	<b>*Blacks and High Blood Pressure</b> (brown and grey pamphlet, 8 pages) Describes high blood pressure, its importance to blacks, the need for treatment, and the role of the patient's family. "Very Easy" reading level.	<input type="text"/>	<b>High Blood Pressure Messages</b> (16" x 20") National High Blood Pressure Month poster with "blank space" to write in announcements of your activities.
<input type="text"/>	<b>High Blood Pressure Facts and Fiction</b> (black, white, and blue leaflet, 4 pages) Ideal handout to anyone getting a blood pressure measurement. Contains basic facts about high blood pressure and corrects some commonly held misconceptions. "Easy" reading level.	<input type="text"/>	<b>Life Savers</b> (16" x 20") Full-color poster describes a variety of actions needed to maintain one's high blood pressure treatment regimen.
<input type="text"/>	<b>Questions About Weight, Salt, and High Blood Pressure</b> (black, white, and pink pamphlet, 8 pages) Describes what is known about the relationship between certain diet changes and high blood pressure. "Average" reading level.	<input type="text"/>	<b>Some Hints for People Who Take High Blood Pressure Medicine</b> (12" x 18") Magenta, blue, and black poster reminds patients to develop medication-taking skills and to talk with their doctor, nurse, or pharmacist when questions arise.
<input type="text"/>	<b>*Verdad y Ficción Sobre la Presión Arterial Alta</b> (black, white, and green leaflet, 4 pages) Version of <i>High Blood Pressure Facts and Fiction</i> for a Spanish-language audience. "Easy" reading level.	<input type="text"/>	<b>*Their Future Is in Your Hands. Treat Your High Blood Pressure Every Day</b> (16" x 20") Five different full-color posters depicting children representing various ethnic and geographic groups. Poster may be ordered with children representing the following groups:
		<input type="text"/>	Blacks
		<input type="text"/>	Hispanic origin (copy in Spanish)
		<input type="text"/>	Native Americans
		<input type="text"/>	Rural dwellers
		<input type="text"/>	U.S. Asian and Pacific Island populations

## Other Materials

---

Quantity  
Ordered

 **Down with High Blood Pressure** (lapel stick-on badge, 2" diameter) Red and white badge with message and high blood pressure symbol. Useful for screenings, patient education, meetings, etc.

### For More Information . . .


In addition to distributing materials listed here, the High Blood Pressure Information Center serves as a central national clearinghouse for information on various aspects of hypertension control and can assist in locating speakers and other sources of educational materials and audiovisual aids.

#### **High Blood Pressure Information Center**

120/80 National Institutes of Health  
Bethesda, Maryland 20205







Here's what's  
happening









3 0112 050766911